LOBBYING EXPENDITURE REPORT COVERING JANUARY 1 THROUGH JUNE 30 DUE AUGUST 15	2/0 Lobbyist's Registration Number
COVERING JULY 1 THROUGH DECEMBER 31 DUE FEBRUARY 15	FOR OFFICE USE ONLY Postmark Date: 12-123
Instructions • Print in ink or type.	FRV
 Fill in Registration Number in spaces provided. Complete form and return to the Board of Biblics, 2415 Onall Dr., 3rd Floor, Baton Rouge, LA 70808 (225) 763-8777 or (800) 847-6630. This form must be delivered or postmarked by the due date. This form may be faxed to (225) 763-8787. 	1021660
1. Name Lanctot Randy	<u>MI</u>
2. Business Address 337 S. Acadian Thruway Basiness Address P. O. Box 65239 Bason Rous	of LA 70896 - 5239
3. Business Phone 275 7 344- 6767 Area Code and Telephone Number	
4. Total of all expenditures made January 1 through June 30: \$(Include expenditures from Schedules A and B)	0
Total of all expenditures made July 1 through December 31: (When Applicable) (Include expenditures from Schedules A and B)	
6. Total of all expenditures made during calendar year: \$	
7. Did you make an expenditure exceeding \$50 on one occasion for a	any one legislator:
From July 1 through June 307 Yes No.	NA O
If the answer to either question in Number 7 above is YES, please	complete Schedule A and attach.

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LOBBYING EXPENDITURE REPORT

Lobbyist's Registration Number

	Did you make expenditures exceeding	787 90 90 90 				
	From January 1 through June 30? From July 1 through December 31?	Yes Yes	M No		NA	
	If the answer to either question in Nu	mber 8 above i	is YES, please co	mplete S	chedule A	and attach.
9.	Did you expend funds for a reception, social gathering, or other function to which the entire legislature, either house, any standing committee, select committee, statutory committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus, or any delegation thereof were invited during the reporting period?					
	□ Yes		D No			
	If the answer to Number 9 above is Y	IS, please co	mplete Schedule	ls and att	lach.	
	If the answer to Number 9 above is Y	TiS, please co	mplete Schedule	B and at	lach.	
			mplete Schedule		lach.	
		KILITICATION	OF ACCURACY	ć		ny knowledge,
	CE	Contained here	OF ACCURACY	rect to th	e best of n	
	Clib I hereby certify that the information	CONTRIBUTE	OF ACCURACY in is true and corrections have be-	rect to the	e best of n ded herein	and that no

Form 602, Rev. 14/02